

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790971

FILED
Jan 26, 2009
Secretary of State

Entity Name: OKALOOSA COUNTY FARM BUREAU LA

Current Principal Place of Business:

921 JAMES LEE BLVD
CRESTVIEW, FL 32536 US

New Principal Place of Business:

Current Mailing Address:

921 JAMES LEE BLVD
CRESTVIEW, FL 32536 US

New Mailing Address:

FEI Number: 59-0997282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREE, KEITH
7303 HIGHWAY 393
LAUREL HILL, FL 32567 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FREE, KEITH
Address: 7303 HIGHWAY 393
City-St-Zip: LAUREL HILL, FL 32567

Title: VP () Delete
Name: BOOKER, GARY
Address: 8228 BEAVER CREEK
City-St-Zip: BAKER, FL 32531

Title: STD () Delete
Name: ROGERS, MORRIS
Address: 3490 NEW EBERNEZER RD
City-St-Zip: LAUREL HILL, FL 32567

Title: EMB () Delete
Name: CROWSON, HAROLD
Address: 1956 LG RUSSELL RD
City-St-Zip: BAKER, FL 32531

Title: BMM () Delete
Name: SENTERFITT, JERRY
Address: 7305 SENTERFITT RD.
City-St-Zip: LAUREL HILL, FL 32567

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH L FREE

PD

01/26/2009

Electronic Signature of Signing Officer or Director

Date